

L21000120350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

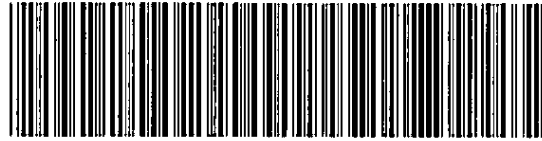
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200423599172

2024 FEB -9 AM 9:49  
STATE  
CORP. FL  
TALLAHASSEE FLORIDA

RECEIVED

2024 FEB -9 PM 3:12

R. HUNT  
02/09/24

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 2/9/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1227017

**ORDER ENTITY**  
SIYAM HEALTHCARE, PLLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**SIYAM HEALTHCARE, PLLC (FL)**

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2024 FEB 9 AM 9:49  
STATE  
FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Siyam Healthcare, PLLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Danks  
(Name of Person)  
Dinsmore & Shohl LLP  
(Firm/Company)  
6 PPG Place, Suite 1300  
(Address)  
Pittsburgh, Pennsylvania 15222  
(City/State and Zip Code)

RECEIVED - 9 AM 9:49  
STATE  
TALLHASSEE, FL

For further information concerning this matter, please call:

Jason Danks at 412 230-8994  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee and Certificate of Dissolution
- \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

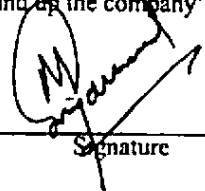
**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Siyam Healthcare, PLLC
2. The Articles of Organization were filed on March 15, 2021 and assigned  
document number L21000120350
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The company is being voluntarily dissolved at the direction of the sole member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

Munaf Siyamwala  
Printed Name

**FILING FEE: \$25.00**

RECEIVED  
CORPORATE  
DIVISION  
MARCH 15 2021  
9:49 AM